



RCE / EEW
48-0201

-1-

☐ Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on ____.

☐ Other ____.

b. Enclosed are:

☒ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO-1449 with copies of ____ listed reference(s).

☐ Other .

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	38	- 20	= 18	x \$50.00	= \$900.00
Independents	6	- 3	= 3	x \$200.00	= \$600.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$2290.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	0	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00		\$0.00
	EXTENSION FEE SUBTOTAL:			\$0.00
	EXTENSION FEE ALREADY PAID: -			\$0.00
	EXTENSION FEE TOTAL			\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:			\$2290.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$1,145.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
	TOTAL FEE:			\$1,145.00

☐ Please charge Deposit Account No. 50-0872 in the amount of \$1,145.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$1,145.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 23 December 2004

By Ronald Coslick

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Ronald Coslick
Attorney for Applicant
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